Ac	knowledgments	v
Tal	bles	ix
Fig	gures	xi
Ex	ecutive summary	xv
Ch	napters	
1	Monitoring the implementation of Part D	3
	Description of the Part D benefit	5
	Performance measures for evaluating Part D implementation	6
	Paying plans, setting premiums, and enrollment in Part D	14
	The Medicare discount drug card and beneficiary outreach for Part D	23
	Formulary exceptions and the appeals processes	27
	Looking forward: Electronic prescribing and other areas of future research	33
2	Medicare Advantage payment areas and risk adjustment	41
	AAPCCs vary widely	43
	How can Medicare improve payment areas for MA local plans?	44
	Payment area recommendations	50
	How accurately does the CMS-HCC model reflect cost differences?	52
3	The Medicare Advantage program	59
	Overview of changes to the managed care program under the MMA	61
	What are the new types of plans?	62
	Quality	69
	Enrollment	72
	Benefits	73
	The MA bidding process for 2006	74
	Financial neutrality under the 2006 bidding system	78
4	Payment for dialysis	87
	Improving the current payment system	88
	Modernizing the outpatient dialygic payment avetem	08

Comparing outcomes and spending for beneficiaries who have had a hip or knee replaced	105
	107
Comparing the patient assessment tools used in post-acute care settings	114
Assessing the skilled nursing facility PPS	120
Assessing the home health PPS	126
6 Payment for pharmacy handling costs in hospital outpatient departments	137
Is a payment adjustment needed?	139
How should a payment adjustment be structured?	142
How should handling costs be measured?	143
What are the options for collecting data?	149
A longer term agenda: Broader payment bundles in the outpatient PPS	150
7 Critical access hospitals	159
Congressional mandate and background	160
How does conversion to CAH status affect hospitals?	162
Is quality of care at low-volume rural hospitals comparable to that of higher volume rural hospitals?	169
MMA changes to the CAH program	172
Summary of findings	174
8 Using clinical and cost effectiveness in Medicare	179
Medicare's coverage and payment processes consider clinical effectiveness	180
Understanding cost-effectiveness analysis	182
Medicare's coverage and payment processes do not explicitly use cost-effectiveness analysis	187
The future of cost-effectiveness analysis in Medicare	188
9 Review of CMS's preliminary estimate of the physician update for 2006	197
Spending growth in 2004	198
Preliminary estimate of the physician update for 2006	200
Making the case for change	202
Appendix	
A Commissioners' voting on recommendations	211
Acronyms	217
More about MedPAC	
More about MedPAC Commission members	223